

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report 8/302019

Auditor Information

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Company Name: American Correctional Association

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Telephone: 352-538-2636

Date of Facility Visit: July 17, 18th, 19, 2019

Agency Information

Name of Agency:

Delaware Department of Correction

Governing Authority or Parent Agency (If Applicable):

State

Physical Address: 245 McKee Road

City, State, Zip: Dover, DE 19904

Mailing Address: Same as above

City, State, Zip: Same as above

Telephone: 302-739-5601

Is Agency accredited by any organization? Yes No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency mission: the mission of Delaware Department of Corrections is to protect the public by supervising adult offenders through safe and humane services, programs and facilities

Agency Website with PREA Information: <https://doc.delaware.gov/views/prea.blade.shtml>

Agency Chief Executive Officer

Name: Perry Phelps

Title: Commissioner

Email: Perry.Phelps@delaware.gov

Telephone: 302-739-5601

Agency-Wide PREA Coordinator

Name: Heather Zwickert

Title: Deputy Chief

Email: Heather.Zwickert@delaware.gov

Telephone: 302-857-5307

PREA Coordinator Reports to: Office of the Commissioner	Number of Compliance Managers who report to the PREA Coordinator 7
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Facility Information

Name of Facility: James T. Vaughn Correctional Center

Physical Address: 1181 Paddock Rd., Smyrna, DE 19977

Mailing Address (if different than above): Same as above

Telephone Number: 302-653-9261

The Facility Is: Military Private for profit Private not for profit

Municipal County State Federal

Facility Type: Jail Prison

Facility Mission: The mission of the James T. Vaughn Correctional Center is to protect the public by providing safe and humane custody and supervision of adult persons committed to the facility. And, to provide assessment, treatment, rehabilitation, and the restoration of offenders as law abiding citizens.

Facility Website with PREA Information: <http://www.doc.delaware.gov/victimServices.shtml>

Warden/Superintendent

Name: Dana Metzger **Title:** Warden

Email: Dana.Metzger@delaware.gov **Telephone:** 302-653-9261 ext. 2200

Facility PREA Compliance Manager

Name: Ramon Taylor **Title:** Correctional Captain

Email: Ramon.Taylor@delaware.gov **Telephone:** 302-653-9261 ext. 2216

Facility Health Service Administrator

Name: Matt Wofford **Title:** Health Services Administrator

Email: mwofford@connectionscsp.org **Telephone:** 302-653-9261 ext. 2892

Facility Characteristics

Designated Facility Capacity: 2600 **Current Population of Facility:** 1919

Number of inmates admitted to facility during the past 12 months 1169

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: 609

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		1083
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		688
Age Range of Population:	Youthful Inmates Under 18: Click or tap here to enter text.	Adults: Click or tap here to enter text.
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		0
Average length of stay or time under supervision:		1619 days
Facility security level/inmate custody levels:		Detentioner, Minimum, Medium, and Maximum security
Number of staff currently employed by the facility who may have contact with inmates:		698
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		82
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		12
Physical Plant		
Number of Buildings: 15 open buildings, 60 housing units		Number of Single Cell Housing Units: 4
Number of Multiple Occupancy Cell Housing Units:		12
Number of Open Bay/Dorm Housing Units:		3
Number of Segregation Cells (Administrative and Disciplinary):		219
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
ExacQVision high definition camera system with retention @-120days		
Medical		
Type of Medical Facility:	In house services provided by Connections CSP. Dedicated infirmary and triage clinic with mental and medical	
Forensic sexual assault medical exams are conducted at:	Kent General Hospital	
Other		
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		207
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		23 at JTVCC

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) audit for the Delaware Department of Correction (DDOC) James T. Vaughn Correctional Center (JTVCC) is prepared by James Curington, certified PREA auditor. The audit itself was accomplished by James Curington, assisted by Ms. Dawn Pearson, certified PREA auditor, who were trained, tested and certified by the PREA Resource Center (PRC). The assignment of the auditors was made by the American Correctional Association (ACA in conjunction with the DDOC and was the second part of a double PREA audit (Howard R. Young Correctional Institution and the James T Vaughn Correctional Center) for the week of July 15-19, 2019.

The on-site visit for the JTVCC was scheduled for July 17-19th 2019. Sunday night July 14, 2019 began the second phase, on-site, area visit with a “meet and greet” of the auditors and key staff of both the James T. Vaughn Correctional Center and the Howard R. Young Correctional Institution. The dinner discussion included a review of the audit agendas for both facilities, a review of the PREA Resource Center (PRC) guidelines directions resources, and the fact that similar methodologies would be used to complete a comprehensive audit of the two facilities.

The methodology included the procurement of the PREA Audit Report template taken from the PRC website; the PREA Auditor Handbook for certified auditors; and other information such as information for tours, standards compliance, document review, the general guidelines directed by the PREA Resource Center, and the auditors’ personal training/testing/experience all to be used in the triangulation of (1) the preaudit phase, (2) the on-site visit, and (3) the review of documentation, follow-up and an assessment of the standards, consisting of the completion of the template checklist and auditor overall compliance determination of each standard.

Specifically, the methodology used by the lead auditor is characterized by a step-by-step process as follows:

- Scheduling through the American Correctional Association with the Delaware DOC.
- Sending a Pre-Audit Report Form to the PRC. (Now titled Audit Initiation Form and, as required, the new the form was sent in addition to the Pre-Audit Form for the James T. Vaughn Correctional Center PREA Audit.
- Making contacts with the agency/facility, posting of notices, and exchanging information.
- Sending an agenda to JTVCC.
- Accomplishing the on-site visit July 17-19th, 2019.
- Making an assessment of compliance or noncompliance prior to, during, and after the site visit/tour. Accomplishing the triangulation of the three phases of the audit - preaudit review, on-site visit, audit report and summary of findings.
- Completing the final auditor’s summary report, a product of the triangulation.
- Notifying the agency/facility of the Auditor’s Summary Report.
- Sending a Post Audit Reporting Form with a final Auditor’s Summary Report attached, to the PRC.

A significant part of the audit report and final product included the methodology of the on-site visit as detailed by the Agenda for James T. Vaughn Correctional Center. Daily agenda is as follows:

Sunday, July 14 - James T. Vaughn Correctional Center and Howard R. Young Correctional Institution evening dinner/introductions/met and greet, key facility staff and auditors. Review PREA Adult Correctional Audit Instrument and Pre-Audit Questionnaire. Open discussion. Overview of the dual audit week.

Wednesday, July 17 - PREA Audit JTVCC (Afternoon)

12 noon - Drive to JTVCC Correctional Center, visit the perimeter area and entrance center

1 p.m. Entrance meeting – JTVCC - meet with the acting Warden and key staff. Discuss the audit instrument from the PREA Resource Center (PRC). Instructions for the PREA tour and the Auditor’s Summary Report (template).

Schedule interviews with staff and inmates (with facility assistance) outlined in the PREA Auditor Handbook. Information on pages 42 to 59 of the PREA Auditor’s Handbook.

Special note:

Interviews for inmates; included random inmates, inmates with disabilities (ADA), LGBTI inmates, inmates who are Limited English Proficient (LEP), inmates in segregated housing, inmates who reported sexual victimization during screening, inmates who reported sexual abuse, inmates placed in segregated housing for protection from sexual victimization, etc.;

Interviews for staff, included random staff from the complete staff roster and specialized staff, (see interview protocols); note: “interview protocols”; i) Agency Head or Designee, ii) Warden, iii) PREA Compliance Manager/Coordinator, iv) Specialized Staff, v) Random Staff, vi) Inmates.

Interviews with contractors and volunteers.

2 p.m. Tour the facility.

6 p.m. Review demographics of the facility (inmate population, capacity, age range, gender, custody levels, length of sentence). Review schematic/description of the facility.

Observe shift change; review and observe offender intake and orientation.

Review allegations of sexual abuse, harassment, retaliation investigations, administrative/criminal, indicted, prosecuted, referred, founded, unfounded, substantiated, unsubstantiated and facility’s lists. Review of grievances and sent reports, hotline calls and evening operations. (The auditor wishes to note that JTVCC had its electronically documented “Incident Work List Report” and its electronically documented “Sexual Assault/Critical Incident Review” (CIR) available to the auditors in many of its paper/hard copy file folders at the institution and referenced in the individual PREA standards throughout this report as documentation from the facility for PREA standards compliance).

Thursday, July 18 - PREA audit JTVCC

7:30 a.m. leave for JTVCC

8 AM. Visit and revisit institutional areas. Review specialty areas including medical/mental health, security, training, close/maximum-security units.

Friday, July 19, PREA audit JTVCC

8 a.m. leave for JTVCC

8:30 a.m. Revisit specialty areas of the facility including a revisit of inmate housing. Continue staff interviews and review electronic Delaware Automated Corrections System (DACS) supplementary and summary information for the interim/final report.

Tour common areas of the facility with key staff and the PREA Coordinator and Manager.

11 a.m. Review auditor's summary procedures and timeframes with the acting Warden and key staff. It is noted that the Agency Bureau Director, Bureau of Prisons (BOP), Delaware Department of Correction met with the audit team. The Director showed a personal interest in the PREA audit process, shared his interest in PREA compliance, and committed his support of the agency/facility mission, which was very much appreciated by the auditors.

The above agenda was accomplished, working and making adjustments as necessary for visiting all areas of the facility; reviewing the operations of the Correctional Center; using the PREA Audit Instrument, Adult Prisons and Jails and its sub-sections; and interviewing staff and inmates.

Interviews with staff and inmates were conducted as outlined in the PREA Auditor Handbook and the PREA Compliance Audit Instrument.

Interviews with staff were conducted privately as outlined in the PREA auditor handbook, with 42 staff formally interviewed from scripted protocols (22 random staff, including staff from each shift and 20 specialized staff). Additionally, numerous informal interviews and discussions were held with staff throughout the facility. Interviews were also conducted formally with volunteers, contractors, and interns.

Interviews were conducted with inmates, as outlined in the PREA Auditor Handbook using the Inmate Interview Guidelines. Specifically, 48 inmates were formally interviewed from scripted protocols. Additionally, numerous informal interviews and discussions were held with inmates.

These interviews and discussions with staff and inmates, both formal and informal, gave the auditors insight into the operations of the facility and the PREA compliance efforts accomplished at the James T. Vaughn Correctional Center.

It is noted that this report and the methodology used, was primarily to assess PREA compliance and not to try and make an assessment of the "quality of life" for the inmates housed at facility or the staff that work at the facility. Thus, keeping this caveat in mind, it is the auditors comment that this report is an assessment of PREA compliance with the Prison Rape Elimination Act of 2003 implemented in 2013 and now in its second cycle.

The auditor evaluated and assessed each standard and completed the template checklist. The auditor reviewed, with key staff, the template and all the standards before final assessment. A final assessment review process for compliance was made upon completion of the final leg of triangulation from phases of the audit review - preaudit phase, on-site visit phase, and the compliance review/summary review report phase.

The auditor assesses the Delaware Department of Correction James T. Vaughn Correctional Center as compliant with PREA standards (please see summary of audit findings).

The auditor wishes to acknowledge the work and the efforts of the DDOC for the PREA audit process.

Facility Characteristics

The James T Vaughn Correctional Center of the Delaware Department of Correction is located at 1181, Smyrna, DE 1997. It is located in unincorporated New Castle County near Smyrna. It is part of the Delaware Department of Correction which “operates a unified correctional system, incorporating both prison and jail functions”.

JTVCC was originally built in 1971 with a small capacity which has increased to over 2500 inmates. Since that time there have been many changes to DDOC including the addition of security measures (chain-link fencing with razor wire, towers, security cameras and a security vehicle). Maximum-security cells have been added in housing units with special attention to security and program needs. The perimeter includes 1.2 miles of chain-link fencing as outlined by the perimeter road

Delaware has various levels of confinement of which level V is the prison level and there are four prisons (three male and one female) at level V - prisons in the state of Delaware. The James T. Vaughn Correctional Center is the Delaware DOC’s largest facility now housing 1732 inmates as recorded on 7/17/2019 and has the most security housing - Security Housing Unit (SHU) and a Maximum-High Housing Unit (MHU), an infirmary, and a death row unit. The SHU has 300 single occupancy cells and the Maximum-Security Unit has double bunked and single bunked cells. All inmates are classified and assigned consistent with their criminal history, institutional behavior, threat to public safety an institutional safety and security, and program needs. This taken from an overview of the Delaware Department of Correction.

The facility itself includes 15 buildings and 60 housing units. Within the 1.2 mile perimeter are the following buildings and units:

- Entrance gatehouse (ingress and egress, pedestrian into the secure perimeter)
- Administration and Visiting building
- Two large central corridor buildings including the kitchen, dining halls, maintenance, laundry, prison industries and receiving
- Eastside housing six units, four pods/wings each, with supervising control rooms housing inmates assigned to the SHU and the MHU
- A backgate/sallyport (ingress and egress, including vehicular)
- West side housing including two medium-high housing units, three medium housing units, two minimum units, the Special Needs Unit, the infirmary; and the standalone Chapel building, the motor pool building, prison industries building and education and gym building.
- There are four currently closed buildings (including two dormitories) reducing the overall inmate population.

Staffing for the facility is best outlined in the “2018-2019 Staffing Plan for the James T. Vaughn Correctional Center. Highlights noted include minimum and maximum staffing, assignments, and staffing ratios (698 staff documented in the PAQ); and over 600 monitoring cameras at for the facility.

Programs include; a) Education, b) Medical Health c) Mental Health, d) Religious, e) Recreation, f) Law Library, Library and Library book delivery g) Visiting and GTL Tablet Communication, h) Commissary

Work programs include: a) Maintenance/Vocational, b) Laundry, c) Food Service d) Commissary, e) Janitorial/Orderlies, f) Porter/Housing, g) Aides/Assists

Organizations/programs - a) Inmate Advisory Council, b) Inmate Newspaper “the Isthmus”, c) Job Resource Fair, d) Going Green, e) Residential Treatment Center, f) Transitions/Sex Offender, g) Anger Management, h) Thinking Things Through, i) Prison Arts Program, j) Alcoholics Anonymous, k) Gamblers Anonymous, l) Alternatives to Violence, m) Thresholds, n) Structured Care Flowdown Program, o) I-Adapt. These taken from the Isthmus Inmate Newspaper.

"The mission of the James T. Vaughn Correctional Center is to protect the public by providing safe and humane custody and supervision of adult persons committed to the facility. And, to provide assessment, treatment, rehabilitation, and the restoration of offenders as law abiding citizens." This taken from the policy Mission of the James T. Vaughn Correctional Center.

Summary of Audit Findings - Prisons and Jails

Number of Standards Exceeded: one (1)

Prevention Planning

Standard 115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment Agency PREA Coordinator Institutional PREA Manager.

Number of Standards Met: 42 standards met + 2 standards (.401, 403)

Prevention Planning:

Standard 115.12 Contracting with other entities for the confinement of inmates. Standard 115.13 Supervision and monitoring. Standard 115.14 Youthful inmates. Standard 115.15 Limits to cross gender viewing. Standard 115.16 Inmates with disabilities and inmates who are limited English proficient. Standard 115.17 Hiring and promotion decisions. Standard 115.18 Upgrades to facilities and technologies.

Responsive Planning:

Standard 115.21 Evidence protocol and forensic medical examinations. Standard 115.22 Policies to ensure referrals of allegations for investigations.

Training and Education:

Standard 115.31 Employee training. Standard 115.32 Volunteer and contractor training. Standard 115.33 Inmate education. Standard 115.34 Specialized training: investigations. Standard 115.35 Specialized training: medical and mental health care.

Screening for risk of sexual victimization and abusiveness:

Standard 115.41 Screening for risk of victimization and abusiveness. Standard 115.42 Use of screening information. Standard 115.43 Protective custody.

Reporting:

Standard 115.51 Inmate reporting. Standard 115.52 Exhaustion of administrative remedies. Standard 115.53 Inmate access to outside confidential support services. Standard 115.54 Third-party reporting.

Official Response Following an Inmate Report:

Standard 115.61 Staff and agency reporting duties. Standard 115.62 Agency protection duties. Standard 115.63 Reporting to other confinement facilities. Standard 115.64 Staff first responder duties. Standard 115.65 Coordinated response. Standard 115.66 Preservation of ability to protect inmates from contact with abusers. Standard 115.67 Agency protection against retaliation. Standard 115.68 Post-allegation protective custody

Investigations:

Standard 115.71 Criminal and administrative agency investigations. Standard 115.72 Evidentiary standard for administrative investigations. Standard 115.73 Reporting to inmates.

Discipline:

Standard 115.76 Disciplinary sanctions for staff. Standard 115.77 Corrective action for contractors and

volunteers. Standard 115.78 Disciplinary sanctions for inmates.

Medical and Mental Healthcare:

Standard 115.81 Medical and mental health screenings: history of sexual abuse. Standard 115.82 Access to emergency medical and mental health services. Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.

Data Collection and Review:

Standard 115.86 Sexual abuse incident reviews. Standard 115.87 Data collection. Standard 115.88 Data review for corrective action. Standard 115.89 Data storage, publication, and destruction.

Auditing and Corrective Action:

Standard 115.401 Frequency and scope of audits. Standard 115.403 Audit content 70 findings.

Number of Standards Not Met: zero (0)

Summary of Corrective Action (if any)

Corrective action was not required at the James T. Vaughn Correctional Center. This is not to say that standards cannot be improved (including “exceeds” standard). The auditor believes that one must always strive to improve and move towards exceeds for all standards and move to improve upon the level of professionalism and expertise within the context of PREA standards.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

As with this first standard, 115.11, a list of policies, procedures, information, and documents (identified as file folder information) were supplied by the James T. Vaughn Correctional Center and the Delaware Department of Correction to assist the auditor in substantiating compliance with the PREA standards. In addition to this information, the on-site visit, interviews, the observation of daily operations, and the auditors' review of supplemental materials and the triangulation of information, assisted in the individual assessment of standards and the overall assessment of the JTVCC.

File folder information, included:

1. DOC 8.60, Prison Rape Elimination Act (page 4, section D1, a-b)
2. JTVCC 8.60, Prison Rape Elimination Act, (V, and VI, A1)
3. DOC Organizational Chart
4. JTVCC Organizational Charts.
5. List of state-wide PREA Coordinators and Managers.

The Prison Rape Elimination Act policy 8.60 of the Delaware Department of Correction is the main document outlining the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment in the DDOC. This document designates "There is zero tolerance for any type of sexual abuse, and sexual harassment..." and this is further outlined in supplemental training policies, information pamphlets, and brochures and posters throughout the facilities. Further, the 14 page policy on PREA addresses the following:

- Authority
- Purpose
- Applicability.
- Definitions

- Policy (1, prevention planning; 2, responsive planning; 3, training and education; 4, screening for risk of victimization and abusiveness; 5, reporting; 6, official response following an offender report; 7, investigations; 8, exhaustion of remedies; 9, discipline; 10, medical and mental health care; 11, data collection and review; and 12, audits).

It is also noted that the Delaware DOC has a Sexual Abuse Response Plan, outlined in an agency pamphlet/publication, that is widely distributed. The Plan discusses the response to sexual abuse incidents, PREA standards, investigations, education, screening, detection and prevention, confidentiality, protection, retaliation, and the state law about sexual relations in the detention facility.

In addition to the above state-wide policies and approaches, the JTVCC has an institutional policy that states “By Policy, practice, and procedure, the James T. Vaughn Correctional Center (JTVCC) adopts a zero tolerance policy of sexual abuse. The JTVCC will not tolerate offender sexual abuse of any kind in its facilities. All incidents of sexual abuse will be reported and investigated thoroughly. All allegations of staff sexual abuse will be investigated and, if founded, will result in discipline up to and including termination.”

The agency organizational charts and the institutional organizational chart reflect a chain of command and channels of communication to the leadership of the agency and to the Warden of the facility.

The auditor’s personal interviews with both the Statewide Agency Coordinator, and the Institutional PREA Manager indicate that both have enough time, and the authority to oversee the agency’s efforts to comply with previous PREA standards.

This standard is assessed as exceeds, and is based on the interviews with key staff, the personal efforts of the Agency PREA Coordinator; the organizational charts mentioned above, and the policy and procedures detailed by the agency policy and the institutional documentation. This standard is assessed as compliant, “exceeds standard”.

Standard 115.12: Contracting with other entities for the confinement of inmates

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity’s obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement

of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The James T. Vaughn Correctional Center does not contract with other entities for the confinement of inmates. Thus, this standard is non-applicable for JTVCC.

The Delaware Department of Correction does have facilities with which it contracts for housing of inmates on an agency-wide basis. The agency complies with this standard, ensuring that the contractors comply with PREA standards.

Based on this information and the statewide agency policy and contracts. This standard is assessed as compliant, "meets standard".

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and

determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

During the pre-audit phase (first part of the triangulation method), the auditor reviewed the pre-audit file folder and thumb drive which were supplied by the Delaware Department of Correction and the James T. Vaughn Correctional Center. The following documentation assisted in assessing compliance:

1. BOP 8.60, Prison Rape Elimination Act (Page 4, Section VI/A, 2-4).
2. DOC 8.60, Prison Rape Elimination Act.
3. JTVCC 8.60, Prison Rape Elimination Act.
4. JTVCC 9.33 Mandatory Overtime.
5. JTVCC Facility Layout.
6. JTVCC Facility Camera Schematics.
7. 2018-2019 Staffing Plan for the JTVCC.
8. Unannounced visit log sheets.

The policies above clearly directed that the facility comply with a regular staffing plan and utilize technology, where applicable, to assist with appropriate supervision and monitoring. It is noted that this facility had an officer murdered in the last few years (02/01/2017), accounting for several reviews of staffing, reviews of safety, and reviews of protection of staff and inmates. These reviews have improved safety and security and have supplemented the 2003 PREA regarding safety and security. But,

corrections, obviously, is a day to day process and safety and security of the public, of staff and of inmates is a constant 24/7, 365 day a year process requiring constant attention, custody, care, and control. JTVCC and the DDOC are making these efforts. During this PREA audit a new Commissioner of Correction was sworn in by the governor, emphasizing safety and security and professionalism throughout the DDOC. The auditors were able to attend and observe the swearing-in ceremony and were impressed with the state leadership's emphasis placed on training, professionalism, and performance.

However, we know that staffing is a very difficult issue in the correctional setting. PREA addresses staffing and video monitoring, and wants the facility to take into consideration the following:

- Generally accepted detention and correctional practices.
- Judicial findings of an inadequacy.
- Any findings of inadequacy from investigative agencies.
- Any findings of inadequacy from internal or external oversight bodies.
- All components of the facility's physical plant.
- All components of the inmate population.
- The number and placement of supervisory staff.
- Institutional programming occurring on particular shifts.
- Applicable state or local laws, regulations or standards.
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse and
- Other relevant factors.

This audit review is to assess compliance with staffing and monitoring, and the auditors assess this standard as compliant. But what cannot go unsaid is that there were over 100 pages of documentation that were detailed for the auditors concerning staffing and monitoring, and overall these pages supported compliance, but they also reported the fact that the facility, JTVCC, can improve its staffing and monitoring. It has been outlined that in budgets, the order of need includes more staffing, electronic surveillance funding, radios, and other issues (i.e., training and education) that directly impact on safety and security.

Supervisory correctional staff make unannounced rounds and document such rounds. Leadership staff also make rounds and visits to all areas of the institution to assist in monitoring and supervision.

Positive points that support, PREA compliance include: a) the policies and procedures noted above that were reviewed in the facility's file folder on supervision and monitoring, the over 600 cameras at the facility, the staff's insistence on safety and security at this maximum-security facility, the staff's use of unannounced rounds and visits to all areas of the facility and the use of overtime to fill necessary positions when required.

Based on the above policies, the staffing plan for the facility, review of the camera technology use, observation of daily operations, and interviews with staff and inmates, this standard is assessed as compliant, "meets standard".

Standard 115.14: Youthful inmates

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Delaware DOC does not house youthful inmates at the James T. Vaughn Correctional Center. The facility does not have youthful inmates, those under the age of 18 at JTVCC, further documented by memo/statement of fact. Based on this non-applicability, this standard is assessed as compliant, "meets standard".

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following documentation supplied by the facility, in file folder form, and by the Delaware Department of Correction helped the auditor assess compliance with this standard and was used and reviewed by the auditors in making an assessment of compliance. The documentation includes the following:

1. JTVCC 8.60, Prison Rape Elimination Act (page 3-4)
2. DOC 8.60, Prison Rape Elimination Act (page 4)
3. Memo - Cross gender viewing and searches (none conducted)
4. Cross gender searches logbook (no entries)
5. PREA standards and information related to transgender/intersex inmate's brochure DDOC
6. PREA FY19 refresher transcripts
7. PREA FY19 refresher training
8. CEIT lesson plan - LGBTI and cross gender issues in corrections
9. CEIT lesson plan - contraband and searches

As outlined by policy and procedure, and as stated in the Pre-Audit Questionnaire (PAQ), the facility does not conduct cross gender strip searches or cross gender visual body cavity searches except in exigent circumstances or when performed by the medical practitioners. No cross gender viewing or searches were conducted at the JTVCC. The PAQ states that in the past 12 months, there have been zero (0) number of cross gender strip or cross gender visual body cavity searches of inmates.

Policy indicates that cross gender strip searches or body cavity searches will not be conducted unless there are exigent circumstances or are performed by medical staff.

Policy also indicates that "staff of the opposite gender will announce their presence when entering an inmate housing unit."

It is noted by the auditors that physical barriers (i.e., shower curtains) enable offenders to shower, perform bodily functions and change clothes without being viewed by staff of the opposite gender. It is also noted, in policy, that both offenders and staff must take steps to avoid such viewing whenever possible.

Training logs and employee rosters/transcripts were all reviewed by the audit team. The lesson plans for the Correctional Employee Initial Training (CEIT) were contained in the standard file folder outlining discussion points, training subjects, titles, goals, specific topics, etc. were also reviewed.

Based on the auditor's review of the above policy and procedures; the training of staff, review of sleeping, showering, and toileting facilities; the observation of security duties and responsibilities including counts, pat downs, searches, etc.; and based on interviews with staff and inmates, this standard is assessed as compliant, "meets standard".

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

To assist the auditor in review of this standard, policies, procedures, and information was supplied by the Delaware Department of Correction and the JTVCC in the preaudit phase. In this folder, the following was included:

1. Delaware DOC 8.60, Prison Rape Elimination Act

2. JTVCC 8.60, Prison Rape Elimination Act (institutional policy)
3. PREA Brochure (English, Spanish, and Braille)
4. PREA Handbook for Offenders (English and Spanish)
5. State of Delaware translation and interpretation vendor information

The Delaware Department of Correction has a zero tolerance policy concerning sexual abuse and sexual harassment in addition the Department of Correction has established an overview policy 8.60 Prison Rape Elimination Act that states “offenders with disabilities have an equal opportunity to benefit from its efforts to prevent, detect, and respond to all forms of sexual abuse. The agency shall take appropriate steps to ensure that offenders with disabilities, have an equal opportunity to participate in or benefit from the agency’s efforts... The agency shall not rely on offender interpreters, offender readers, or other types of offender assistance...”

The local JTVCC PREA policy 8.60 further emphasizes access to and benefit from the agency policies and procedures for inmates with disabilities and who are Limited English Proficient (LEP).

The PREA auditor reviewed the agency PREA brochure and the agency/facility PREA Handbook for offenders both in Spanish and English versions and in a Braille version, indicating efforts to offer offenders with disabilities an equal opportunity regarding PREA.

Contract number GSS 19602 - LINGUIST was awarded to afford services to inmates (LEP) with opportunities for on-site interpretation, telephone-based interpretation, and written translation. Telephonic interpreter access instructions were included in the facilities standard file folder listing a toll-free number from “Linguistica International” indicating translation in Spanish and if needed any other language; a conferencing option is also available. It is these efforts that the auditor assesses compliance.

Based on the above policy and procedures, information, and interviews with staff and inmates this standard is assessed as compliant, “meets standard”

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following policies, procedures, and information supplied by JTVCC and the Delaware Department of Correction in the file folders/thumb drive (sent to the PREA auditor in the preaudit phase) and the hard copy file folders at the facility during the on-site visit, along with the observation of personnel records and background checks, this was the evidence relied on in making an assessment of compliance for this standard. Further documentation included:

1. DOC 8.60 Prison Rape Elimination Act
2. Delaware DOC employment references
3. Delaware DOC Security Clearance Applications
4. Delaware DOC 115.17 Compliance Form for Promotion Purposes
5. Internal Affairs (IA) PREA Audit- employee random background checks
6. IA PREA audit - Contractors

The DOC policy 8.60 Prison Rape Elimination Act addresses the hiring or promotion of anyone who may have contact with offenders. The following bullet points outlined who shall not be employed or contracted with, to work at JTVCC and considerations to be taken during hiring or promotion:

- One who has engaged in sexual abuse in a prison, jail, lockup or other institution.

- One who has been convicted of engaging or attempting to engage in sexual activity in the community by force.
- One who has civilly or administratively been adjudicated of engaging or attempting to engage in sexual activity by force.
- The agency shall consider incidents of sexual harassment.
- The agency shall perform a criminal background records check.
- All prior institutional employers will be contacted for information on substantiated allegations of sexual abuse.
- Any resignation during a pending investigation of an allegation of sexual abuse will be reviewed.
- The agency shall conduct criminal records checks at least every five years of DOC employees and every two years of contractors.
- Internal affairs will conduct these background checks of employees and contractors.
- The agency shall ask all applicants and employees who may have contact with offenders about previous sexual misconduct. The agency shall impose a continuing affirmative duty to disclose sexual misconduct.
- Material omissions regarding such misconduct shall be grounds for termination.
- Unless prohibited by law the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees.

The auditor reviewed Delaware DOC employment references, Security Applications, the Compliance Form for Hiring and Promotion Purposes, employee background checks list (631) and contractor list of background checks. The security background checks included who needs to complete the form, and the following information: a) personal information b) type of security clearance c) arrests d) convictions e) further ID information f) organizations g) service/profession h) qualifications i) security clearance k) signature followed by DDOC review. The employee form with the Employee's Statement regarding PREA misconduct was also reviewed by the PREA auditor.

Based on the above policy and procedures, the employee forms, statements, applications, background checks, and based on interviews with key staff, this standard is assessed as compliant, "meets standard".

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring

technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Pre-Audit Questionnaire (PAQ) indicates that JTVCC has not made any substantial expansions or modifications of existing facilities since the last PREA audit.

The Pre-Audit Questionnaire (PAQ) indicates that JTVCC has made and installed or updated the video monitoring, electric surveillance, are other monitoring technology since the last PREA audit. It was noted by the auditors that significant camera and surveillance technology was added to the Correctional Center's monitoring system.

The auditors again reviewed the staffing plan and note that since the February 2017 incident of murder of a Correctional Officer, significant investigation/review has taken place concerning all aspects of monitoring, supervision, safety, and security.

Based on the auditor's review of the Delaware DOC policy 8.60 PREA, the Agency PREA Coordinator's Compliance Review Form, and based on interviews with key staff and the Institutional PREA Manager this standard is assessed as compliant, "meets standard".

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

A file folder containing the following documentation was reviewed by the auditor to help make an assessment for this standard, 115.21 Evidence Protocol and Forensic Examinations:

1. Delaware DOC 8.60, Prison Rape Elimination Act.
2. JTVCC 8.60, Prison Rape Elimination Act.
3. DOC B-05 Procedure In the Event of a Sexual Abuse.
4. Department of Justice: A National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescents.
5. Guidelines and Strategic Plan: Delaware DOC Sexual Assault Response TEAM (SART).
6. DOC 8.35, Investigative Responsibilities of and Assistance from the State Police.
7. Delaware State Police Sex Crime Investigations Slides.
8. Memorandums of Understanding - DOC/ContactLifeLine and DOC/SARC.
9. PREA Investigation (with SANE documentation).
10. DOC website showing 8.35, 8.60, 8.60A.

DDOC policy 8.60, PREA indicates “The Department will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence in criminal and administrative investigations. The Department will utilize Sexual Assault Nurse Examiners (SANE’s) whenever possible, and when the investigation indicates retrievable of evidence may be available. The Department will strive to maintain a working relationship, through an established MOU, with an outside

rape crisis, or rape advocacy agency to provide rape crisis services. When requested, and where applicable, the Department shall help coordinate contact with an advocate at the hospital, or upon return to the facility.” The JTVCC policy further emphasizes the DDOC policy.

The DDOC policy B-05, directs that treatment services will be offered without financial cost to the victim whether or not the victim cooperates or identifies the abuser. The Pre-Audit Questionnaire/PAQ documents that the Department of Justice national protocol is utilized to assist in evidence collection.

The DDOC has established guidelines and a strategic plan that directs a multidisciplinary approach in response to an incident of sexual abuse. Importantly, the following actions are detailed and outlined:

1. Reporting
2. First response
3. Ensure safety
4. Emergency medical and crisis intervention
5. Investigation
6. SANE exam
7. Medical and mental health
8. Outside advocacy
9. Periodic update
10. Monitoring for retaliation
11. Reclassification and status assessment
12. Ensure PREA is managed effectively

These 12 action points were taken directly from the pamphlet/brochure for the staff and specifically the multidisciplinary response team, SART.

Medical healthcare and SANE nurses are available at Kent General Hospital with supplemental reports from Eden Hill Medical Center and Bay Health Medical Center for supplemental/complementary medical and mental health care. The auditor reviewed health reports from these facilities that were included in investigations of sexual abuse.

The agency website:<www.doc.delaware.gov/views/policy_and_regulations.blade.shtml> further documents PREA policy 8.60 and Procedure in the Event of Sexual Abuse policy 8.35. This information is available on the public website.

Based on the auditors review of the policy and procedures, based on interviews with staff, (especially health care and investigative staff) and inmates, and based on review of the electronic records and file folder of supplemental information concerning PREA, this standard is assessed as compliant, “meets standard”.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

As with the previous standard, 115.21, policies, SANE documentation, DDOC website documentation, information from the Delaware State Police, and supplemental information concerning PREA are included in the following. This list of documentation (in file folder form) helped the auditor make an assessment for this standard.

1. Delaware DOC 8.60, Prison Rape Elimination Act
2. JTVCC 8.60, Prison Rape Elimination Act (institutional policy)
3. DOC 8.35, Investigative Responsibilities of/and assistance from the state police

4. Delaware State Police (DSP) Sex Crime Investigations, slides
5. Incident Work List report.
6. PREA investigations (with SANE documentation and DSP referral notes)
7. DOC website showing 8.35, 8.60, 8.60A (policies on the website).

Important and notable is the fact that the Delaware DOC website publishes PREA policies. This information is available to the public. The website is:

<www.doc.delaware.gov/views/policy_and_regulations.blade.shtml>.

Listings on the website include investigative responsibilities of the DE State Police, Prison Rape Elimination Act, and other DDOC policies. The policies indicate that: a) a uniform evidence protocol is used for administrative and criminal investigations; b) JTVCC maintains a working relationship with the medical provider, Connections, and Memos of Understanding with ContactLifeline and YWCA Delaware Sexual Assault Response Center/SARC for rape crisis services; c) JTVCC conducts administrative and/or criminal investigations for all allegations of sexual abuse/sexual harassment; and d) the Warden shall refer criminal investigations to the Delaware State Police/DSP. The auditor reviewed the above policies, the MOU's, and the website information regarding PREA.

The auditor reviewed incident investigation reports outlining: the investigation, data, signature, the lead investigator, the status, and the completed by. Also outlined were the location, incident number, incident date, notes, outcomes, results, and further documentation. Also contained in the incident report was medical/mental health PREA case tracking and the type of contact with offender (including crisis counseling, counseling upon return from SANEs exam, follow-up, mental health counseling, testing, treatment, and screening for sex offender treatment program.

The auditor reviewed the Pre-Audit Questionnaire/PAQ documenting that all allegations were investigated pursuant policy and that 102 allegations of sexual abuse and sexual harassment were received. The auditor further reviewed the Incident Work List Report that listed each incident by number, investigation number, incident date, location, gave a short description, and to whom it was assigned and documented the status of each incident.

Based on the above policies, the review of investigations, the MOU's, the observation of electronic records in the JTVCC PREA Manager's office, interviews with investigative staff, and discussions with key staff. This standard is assessed as compliant, "meets standard".

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No

- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following policies, procedures, lesson plans, and information was supplied by the Delaware Department of Correction and the James T. Vaughn Correctional Center to assist the auditor in making an assessment of compliance for this standard, 115.31. The folder information contained the following list of documentation:

- 1 Delaware DOC 8.60, Prison Rape Elimination Act
- 2 JTVCC 8.60, Prison Rape Elimination Act
3. CEIT Lesson Plan - Contraband and Searches
4. CEIT Lesson Plan - PREA basic
5. PREA basic course slides
6. CEIT Lesson Plan - LGBTI
7. CEIT Lesson Plan - LGBTI and Cross Gender Issues in Correction
8. LGBTI and Transgender Issues in Corrections, slides
9. PREA FY 19 Refresher Transcripts
10. PREA FY 19 Refresher Training
11. PREA FY 19 Certificates of Completion

The Delaware DOC PREA policy directs “the Department shall train all employees, vendors, volunteers, and others, who have contact with offenders,” and list all the following training items outlined in the above subsection (a) of 115.31:

- Training on the zero-tolerance policy for sexual abuse and sexual harassment.
- Training on the responsibilities to assist with prevention, detection, reporting, and response policies and procedures.
- Training on inmates right to be free from sexual abuse and sexual harassment.
- Training on inmates and employees right to be free from retaliation for reporting.
- Training on the dynamics of sexual abuse and harassment in confinement.
- Training on the common reactions of sexual abuse and sexual harassment victims
- Training on how to detect and respond to signs of threatened and actual sexual abuse.
- Training on how to avoid inappropriate relationships with inmates.
- Training on how to communicate effectively and professionally with LGBTI or gender nonconforming inmates.
- Training on how to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment.

All of this training was addressed in interview questions of a random sampling of staff. Staff were asked about each of these categories and responded positively to the training they received. Training is also tailored to the gender of the inmates housed at the facility, and further training is accomplished if staff is transferred/reassigned from/to facilities housing the opposite gender. This training is documented in the training records and by the Pre-Audit Questionnaire.

Staff in the DDOC receive yearly refresher training concerning PREA, receive email notices, and are alerted through pamphlets and postings referencing PREA. There are 698 staff currently employed by the facility.

Based on the above, interviews with staff and the documentation in the training records, as well as a review of lesson plans, this standard is assessed as compliant, "meets standard".

Standard 115.32: Volunteer and contractor training

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Delaware Department of Correction and James T. Vaughn Correctional Center supplied the following information outlining compliance for volunteer and contractor training. Listed documentation includes:

1. Delaware DOC 8.60, Prison Rape Elimination Act
2. JTVCC 8.60, Prison Rape Elimination Act
3. Delaware DOC Security Clearance application (volunteer)
4. Guide to the Prevention and Reporting of Sexual Abuse and Misconduct with Offenders (contractors, vendors, and volunteers with limited contact with offenders) and signed acknowledgment form.
5. JTVCC Volunteer List
6. New Employee Orientation Training and sign-up logs

The Delaware DOC policy 8.60 PREA, directs “All staff will receive training at the time of hire, or during their Academy training... For vendors, volunteers, and others, that are not sworn personnel, the level and type of training will be consistent with the amount of interaction and contact there will be with offenders.” Further, based on the policy referencing security clearance, PREA information for contractors, vendors, and volunteers with limited contact with offenders, is outlined in “A Guide to the Prevention and Reporting of Sexual Abuse and Misconduct with Offenders”. This guide/brochure, by policy, is distributed and acknowledged by signature for each contractor, vendor, and volunteer with limited contact with offenders. The assigned guide/brochure information is maintained by the agency. The information received in the above guide addresses the following:

- staff sexual misconduct, including contractors, vendors and volunteers with limited contact with offenders;
- forms of sexual misconduct
- abuse of power
- how to maintain appropriate boundaries
- a duty to report and
- other appropriate information to assist with the prevention of, detection of, and response to sexual abuse and sexual harassment.

There are 179 volunteers documented on the JTVCC volunteer list, and the PAQ indicates that they had been appropriately trained, understood that they have a duty to report, and knew the procedures on how to report.

Based on interviews with volunteers during the on-site visit, based on interviews with contractors during the on-site visit and based on interviews with key staff this standard is assessed as compliant, “meets standard”.

Standard 115.33: Inmate education

115.33 (a)

- During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following policies, procedures, and information supplied by the JTVCC and the DDOC are contained in file folders reviewed in the preaudit phase and in the hard copy file folders reviewed at the institution to assist the auditor in compliance review.

1. DOC 8.60 Prison Rape Elimination Act
2. JTVCC 8.60 Prison Rape Elimination Act
3. 30 Day PREA Education Orientation Report
4. PREA Brochure (English, Spanish, Braille)
5. PREA Handbook for Offenders (English and Spanish)
6. Building PREA posters (English and Spanish)
7. State of Delaware Translation and Interpretation Vendor Information

That DDOC PREA policy 8.60 PREA directs “The facility where an offender is housed will be responsible to provide each offender with information on the Department’s Zero Tolerance policy for sexual abuse at intake. Within 30 days of intake, the Department will provide a more comprehensive education to offenders on their rights to be free from sexual abuse and sexual harassment, how to report abuse, Department policies on reporting abuse, department policies for responding to abuse, and their right to be free from retaliation for reporting abuse.”

The inmates, upon intake, are alerted to the zero-tolerance policy and how to report sexual abuse and how to minimize the risk of becoming a victim.

Hotline phone numbers are posted and provided and third-party reporting procedures are also outlined in the housing units.

Based on the tour in which the auditor observed visible posters, handbooks and information, and based on interviews with the inmate population this standard is assessed as compliant “meets standard”

Standard 115.34: Specialized training: Investigations

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following information and documentation is contained in the preaudit information received by the auditor and the file folders received at the institution during the on-site visit to assist with the assessment of compliance for this standard. List of documentation includes:

1. DOC 8.60 Prison Rape Elimination Act

2. PREA 101/PREA Investigator Transcripts/sign in sheets
3. PREA Specialized Training: Investigations (presentation slides)
4. Lesson Plan: Specialized Investigations/PREA
- 5 PREA Investigation 202 lesson plan

DDOC policy 8.60 PREA indicates “the Department will ensure that all staff responsible for conducting administrative investigations receive specialized training related to PREA.”

The Employee Development Center will ensure specialized training for staff conducting investigations. The facility policy and interviews with facility investigators indicate that lesson plans are thorough and comprehensive.

The auditor reviewed sign in sheets, attendance records, and certificates. Certificates included advanced training at the Delaware State Police Academy.

Based on the training of the Delaware State Police Academy, based on the Employee Development Center training of the Delaware Department of Correction and based on interviews with investigators at the facility this standard is assessed as compliant, “meets standard”.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?
 Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The auditor was supplied with the following policies, procedures, and information regarding this standard, 115.35, Specialized Training, Medical and Mental Health Care. List of documentation includes the following:

1. DOC B - 05 Bureau of Correctional Healthcare Services: Procedure in the Event of a Sexual Abuse
2. DOC 8.60 Prison Rape Elimination Act
3. Memo - DOC and Forensic Exams
4. Memo - medical and mental health folder
5. New Employee Orientation Training (sign in logs)
6. Lesson Plan: Specialized Training - Medical and Mental Health

Delaware DOC PREA policy directs that “The Employee Development Center will ensure specialized training for staff conducting investigations and those providing medical and mental health services is available. They will track completion of this training.”

The Bureau of Correctional Healthcare Services (BCHS) policy requires that medical and mental health care staff shall be provided additional specialized training in the following areas:

- training on how to detect and assess signs of sexual abuse and sexual harassment
- how to preserve physical evidence of sexual abuse
- training on how to respond effectively and professionally to victims of sexual abuse and harassment
- training on how to report allegations of or suspicions of sexual abuse and sexual harassment.

The BCHS also requires that medical and mental health practitioners participate in all sexual abuse incident reviews as directed by the facility, further the BCHS will conduct a review of all sexual abuse incidents for a report to the Adult Correctional Healthcare Advisory Committee.

The auditor reviewed the training logs and sign in sheets of new employee training and the advanced training for Connections healthcare staff. The PAQ further revealed that 100% of medical and mental health practitioners regularly assigned to the facility received the training required by the agency (120 persons).

Based on the specialized training received by Connections staff and based on the lessons plans, training logs, the PowerPoint presentations, and based on the interviews with the JTVCC health care staff including the Health Services Administrator, the Medical Director, and the Mental Health Director, this standard is assessed as compliant, "meets standard".

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following information and documentation is contained in the preaudit file folders/thumb drive supplied to the auditor and the hard copy file folders maintained and reviewed at the facility for the auditors review and assessment:

1. DOC 8.60 Prison Rape Elimination Act

2. JTVCC 8 .60 Prison Rape Elimination Act
3. DOC E-02 Intake Screening
4. BOP 3.3 Classification
5. Medical Intake Screening Report
6. Intake Initial Quick Screen Assessment
7. 21 Day Assessment
8. Classification Reassessment (victimization/aggressor)
9. DOC Lesson Plan: Screening for Victimization and Aggression/PREA
10. DOC Sexual Victimization/Aggression Screening Guide.

Delaware DOC has a policy that requires screening, upon admission, for risk of sexual abuse victimization or sexual abusiveness towards other inmates. Specifically policy DDOC 8.60 PREA directs the “Screening for risk of victimization and abusiveness”. There are 14 subsections outlining the screening; the time limits; the screening tool (Department Sexual Victimization/Abusiveness Quick Screen Tool); assessment timeframes; screening information/results; the screening placement and programming assignments; the inmates own views with respect to safety; transgender, intersex, or gender nonconforming; and additional PREA information.

The screening and assessment and the information provided becomes part of the Delaware Automated Corrections System (DACs). This system is an electronic record (with appropriate security and limited access) designated as the Department’s Offender Management System.

Timeframes include: the screening within 24 hours but not longer than 72 hours with further detailed screening within 30 days. Screening and assessment when warranted due to special instances will be undertaken within the 30 day timeframe. According to the PAQ the number of inmates entering the facility within the past 12 months whose length of stay was for 72 hours or more who were screened for the risk of sexual victimization totaled 1083.

The quick screen reviewed the following:

- victim of sexual abuse while incarcerated
- victim of sexual abuse in the community
- age 25 or under or age 65 or older
- registered sex offender
- first period of incarceration
- less than 110 pounds (female); less than 57 inches and 145 pounds (male)
- homosexuals/bisexual/transgender/gender nonconforming/intersex/effeminate
- detained on a sex offense against a minor
- nonviolent offense
- asks for protection due to sexual or physical abuse
- appears weak and/or fearful
- presents as having a mental, physical, a developmental disability
- is the offender held solely for immigration purposes.
- There is also a following screen that gives instructions for indicators of sexual aggression, including information about a powerful physical build, registered sex offender, multiple incarcerations, openly aggressive behavior, overly familiar/comfortable with the prison environment, confirmed gang affiliation, and prior victim sexual abuse.
- Finally additional screens can be fully completed in 21 days, further assessing sexual victimization or sexual aggression.

Based on the auditor's interviews with intake and assessment staff, interviews with randomly selected inmates, observation of the intake and assessment process, and the review of the agency's assessment tools and policies and procedures this standard is assessed as compliant "meets standard".

Standard 115.42: Use of screening information

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
 Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency uses the information from standard 115.41 with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The policies and procedures, information, and screening tools outlined in the above standard, 115.41, positively reflect on the Use of Screening Information Standard 115.42. Simply, the thoroughness of the above standard 115.41 helps with the use of screening information. This is further documented by the agency and the facility with the following:

1. DOC 8.60 Prison Rape Elimination Act
2. JTVCC 8.60 Prison Rape Elimination Act
3. DOC 8.60A Transgender Offenders
4. DOC Bureau of Correctional Healthcare Services policy E-14 Treatment of Transgender Persons
5. PREA Standards and Information Related to Transgender/Intersex Inmates Brochure
6. Gender nonconforming/transgender inmates
7. BOP 3.3 Classification
8. Memos- PREA Classification Codes
9. Potential Sexual Victim Housing Transfer (example)
10. 21 day Assessment and Classification Assessment (victimization/aggressor)

As outlined by the above policy, 115.42, the agency/facility uses such information obtained in the risk screening process to make informed housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

The JTVCC uses the comprehensive agency assessment and screening system, the DACS, and the Offender Management System to appropriately classify and place inmates in units, housing, work, education and program assignments that are safe. The use of this standard also helps the agency accomplish their mission to afford the prevention, detection, and response to sexual abuse and sexual harassment which provides safe and humane services, programs and facilities.

Offenders are treated individually and have the opportunity to express their own views with respect to his or her own safety.

Based on the fact that the policy that outlines the assessment process and the use of the assessment process to help ensure the safety and security of inmates at the facility and the overall observation of the individualized treatment characteristic within the screening and assessment process, the auditor assesses this standard as compliant, "meets standard".

Standard 115.43: Protective Custody

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?
 Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?
 Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following information and documentation was forwarded to the PREA auditor to assist with an assessment of this standard on protective custody, 115.43:

1. DOC 8.60 Prison Rape Elimination Act
2. JTVCC 8.60 Prison Rape Elimination Act
3. Memo - Inmate Involuntary Segregation

The DDOC policy 8.60 PREA directs that “Offenders at a high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers.” Further the JTVCC PREA policy emphasizes that offenders will not be placed in involuntary segregated housing unless no other determination can be made.

The PAQ indicates that there were zero (0) number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months. This zero (0) number obviously indicates appropriate individualized screening and use of screening information to protect an inmate and secure the inmate population.

Based on specialized interviews with staff who work in segregation, and interviews with the PREA Compliance Manager and based on the policies and procedures as well as random interviews of staff and inmates, this standard is assessed as compliant, “meets standard”.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No

- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency, Delaware Department of Correction, and the facility, James T. Vaughn Correctional Center, have established ways for allowing inmates to report privately to officials about sexual abuse and sexual harassment (and retaliation by other inmates or staff for reporting sexual abuse and sexual

harassment). A hard copy/paper file folder was established supplying the following information and documentation for the PREA auditor:

1. DOC 8.60 Prison Rape Elimination Act
2. JTVCC 8.60 Prison Rape Elimination Act
3. BOP 8.60 Prison Rape Elimination Act
4. PREA Handbook for Offenders (offered in English and Spanish versions)
5. US Department of State Diplomatic List
6. Memorandum of Understanding - DOC/ContactLifeLine and DOC/SARC
7. Third-party reporting information (DOC website)
8. Third-party reporting poster
9. The PREA building posters (offered in English and Spanish versions)
10. JTVCC housing
11. Confidential PREA Report
12. Guidelines and Strategic Plan: Delaware DOC SART

The Delaware DOC policy 8.60 Prison Rape Elimination Act addresses reporting in this agency policy. Specifically, "The Department will provide a method for offenders to report sexual abuse, sexual harassment, retaliation by staff or other offenders for reporting sexual abuse and sexual harassment or violation of responsibilities that may have contributed to such incidents to an entity that is not part of the agency. This entity will forward offender reports of sexual abuse to agency officials, allowing the offender to remain anonymous upon request. Offenders detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security." This taken directly from policy.

During the formal and scripted interviews with staff and inmates several questions were asked about "privately report sexual abuse and sexual harassment" these questions were answered positively by staff and were generally answered positively by inmates. The auditors, during their on-site facility visit, noticed third-party reporting information posters, building posters, housing building posters, inmate handbooks, inmate housing rules and reference guides, and other materials available emphasizing multiple ways to report sexual abuse.

Staff and inmates are informed that inmates may report sexual abuse in multiple ways. The following bullets are documented and listed on a PREA audit brochure:

- Verbal report to any DOC staff, medical, mental health, contractor, education staff member, or an intern of volunteer
- Written report to any of the same entities in the bullet points above
- Sick call slip
- Grievance form

Inmate Housing Rules and Reference Guide, documents the following:

- Use any inmate telephone dial #7732 or *PREA # (this can be done anonymously)
- Contact the Institutional PREA Manager

MOU's have been developed with ContactLifeLine and the YWCA Sexual Abuse Response Center to further assist with third-party reporting and confidentiality.

In The Handbook for Offenders, PREA suggests reporting to a staff member but you can also report to the following:

- medical staff during sick call
- call someone outside the facility who can contact facility administrative staff
- family or friend that can report it to the Statewide PREA Coordinator
- call the Hotline numbers*7732
- call the Internal Affairs number*9667
- sealed, written letter to the facility Institutional Investigator
- sealed, written letter to the Warden of the facility
- submit a grievance

These options, especially the option of sick call, support the auditor’s assessment of compliance.

Based on the information, policies and procedures, Memorandums of Understanding, and based on interviews with staff and inmates this standard is assessed as compliant, “meets standard”.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. The process is documented in the paper/hard copy file folder for this standard and includes:

1. DOC 8.60 Prison Rape Elimination Act
2. PREA Handbook for Offenders
3. JTVCC Incident Work List
4. PREA Incident Report and Investigation (format an example)

The Delaware DOC PREA policy 8.60 states “any allegation of sexual abuse, or sexual harassment, made via Department’s Offender Grievance System, shall immediately be investigated as a report of sexual abuse.” Further, the policy goes on to discuss each of the items listed above in the subsections a through g and how they will apply to assist in reporting sexual abuse and sexual harassment and not be a deterrent to reporting. It is noted in the Pre-Audit Questionnaire that the agency has an administrative procedure for dealing with inmate grievances i.e. each allegation in the grievance concerning PREA will be investigated as a PREA incident. No time limit is imposed as stated in the PAQ.

Third parties can assist in the filing requests for administrative remedies as outlined in policy. Emergency grievance procedures are also established within the DDOC policy and a 48 hour initial response will be applied.

Based on the agency policies, the grievance procedure policy (Offender Grievance System) information supplied by JTVCC, and based on the interviews with key staff, the Institutional PREA Manager, and interviews with inmates, this standard is assessed as compliant, "meets standard".

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

The following policies, procedures and information supplied by JTVCC, along with the on-site visit, interviews with staff and inmates, and the observation of daily operations was the evidence relied on by the auditor in making a compliant determination for this standard. The file folder contained the following documentation:

1. JTVCC 8.60 Prison Rape Elimination Act
2. DOC 8.60 Prison Rape Elimination Act
3. PREA brochure (English and Spanish)
4. PREA Handbook for Offenders (English and Spanish)
5. Building PREA posters (English and Spanish)
6. Third-party reporting poster
7. US Department of State diplomatic list
8. Memorandums of Understanding - DOC/Contactlifeline and DOC/SARC

The Delaware DOC PREA policy indicates that the Department “will seek to provide offenders with access to an outside victim advocates for emotional support services by giving offenders mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations.”

The Delaware Department of Correction has a Memo of Understanding with ContactLifeLine. This MOU is to “ensure a unified effort between the entities involved to provide inmates-victims with confidential emotional support services and the ability to report sexual abuse to an outside third party agency...” The DDOC also has a MOU with the YWCA Delaware Sexual Assault Response Center (SARC) this MOU is to ensure “confidential emotional support services pursuant to the Prison Rape Elimination Act 2003...”

Importantly, the PREA auditor reviewed the Handbook and Brochure of the agency and facility that are distributed to the inmate population. The Inmate Handbook includes a section on the Prison Rape Elimination Act and the (PREA) Handbook for Offenders also supplies much information for the inmate population. These two Handbooks include the following information:

Federal Law (federal code-purpose)
PREA Standards (where to find them)
DDOC Mission Statement
Sexual Acts (rules and information)
Rights
Confidentiality
What to Do
How to Report
False Accusations
Manipulation
Recovering from Sexual Assault
State Law
Investigations
Prior Victimization
Outside Advocate and Third-Party Reporting

The PREA Handbook and the topics it covers assist in the prevention, detection, and the reporting of sexual abuse and/or sexual harassment in prison. Further, as stated on the cover of the brochure: “All offenders should have the opportunity to serve their sentence with dignity.” and, as indicated at the end of the brochure: “Maintain Your Rights - Maintain Dignity”.

Based on the auditor’s interviews with key staff, the Institutional PREA Manager, the specialized staff and inmates, and based on review of policies and procedures and the information distributed to the inmate population, the auditor assesses this standard as compliant, “meets standard”.

Standard 115.54: Third-party reporting

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency has a policy that establishes a method to receive third-party reports of sexual abuse and sexual harassment. A file folder of information concerning third-party reporting was submitted to the auditor and contains the following list of documentation:

1. DOC 8.60 Prison Rape Elimination Act
2. JTVCC 8.60 Prison Rape Elimination Act
3. Third-Party Reporting poster
4. Third-party reporting information (DOC website)
5. Building PREA posters (English and Spanish)
6. Memorandums of Understanding - DOC/ContactlifeLine and DOC/SARC
7. Third-party incident report (example review)

DOC policy 8.60 PREA states: “The Department will accept, document and forward third party reports of sexual abuse, made verbally, in writing, and anonymously of sexual abuse for investigation.... The Department will place information on its website, and in its visiting and lobby areas as to how third parties may report sexual abuse on behalf of an offender... Internal Affairs (IA) must keep a log of all calls to the IA PREA hotline. A copy of this log will be provided to the facility PREA Compliance Manager each month.” The JTVCC 8.60 PREA policy further emphasizes third-party reporting.

Third-party reporting can be made to the facility administration or to the Delaware DOC Central Office Agency PREA Coordinator, 245 McKee Road, Dover Delaware 19904 (ph. 302-857-5307).

The agency email and website may also be used for third-party reporting; email - <Heather.Zwickert@state.dc.us>; website – <https://doc.delaware.gov/views/prea.blade.shtm/>. This information distributed through posters and on the agency public website.

MOU’s between DDOC/ContactLifeLine and DDOC/YWCA SARC Sexual Assault Response Center have been established to also assist with third-party reporting, anonymously reporting, and crisis intervention assistance.

A Third-Party Incident Report of sexual harassment by an inmate at JTVCC, detailing appropriate response and reporting was reviewed by the auditor.

Based on the policy and procedure, based on the file folder information, based on review of the agency website and based on interviews with the Agency PREA Coordinator and the Institutional PREA Manager as well as random interviews with staff and inmates this standard is assessed as compliant, “meets standard”.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Staff and agency reporting duties outlined in this section, Official Response Following an Inmate Report, were supported by the agency and institutional file folder listing the following compliance documentation:

1. DOC policy 8.60 Prison Rape Elimination Act
2. JTVCC 8.60 Prison Rape Elimination Act
3. Protection Against Retaliation Report form
4. JTVCC Incident Work List Report
5. Memos - Under Age of 18 and Allegations by Vulnerable Adults

DDOC policy 8.60 Prison Rape Elimination Act directs Tthe Department shall require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in a facility." The JTVCC policy 8.60 PREA in the section F, Official Response Following an Offender Report, states "JTVCC requires by policy and practice that all staff to report immediately any

knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in a facility, whether or not it is part of the agency...” These reports are documented in the Delaware Automated Corrections System (DACCS). The auditor reviewed the Incident Work List Report dated 5/22/2019 and the Pre-Audit Questionnaire (PAQ) noting that, in the past 12 months, the number of allegations that an inmate was sexually abused was 90 this for subsection 115.64 (a)-2.

Policy also requires that staff report immediately and according to policy 8.60 PREA, retaliation against inmates or staff concerning a PREA incident. The collective duties and responsibilities that may have contributed to an abuse incident or retaliation is also required to be reported. Reporting information is only to be related to others to the extent necessary to make treatment, investigation, and other security and management decisions. This information is specifically addressed in question form and contained on the scripted formal interviews for random staff and specialized staff. The interview questions to staff and specialized staff concerning agency reporting duties was consistent and indicated that the staff was knowledgeable of their duty to report.

Memos from the PREA Manager to the institutional file folder for this standard indicates that there are no inmates under 18 years of age housed at JTVCC and that there have been no allegations of sexual abuse of a vulnerable adult.

The Agency PREA Coordinator monitors third-party reports and ensures investigations as required.

Based on the file folder and information above, based on training documents indicating that staff are aware of their duty to report, and based on interviews during the on-site visit, the auditor assesses this standard as compliant, “meets standard”.

Standard 115.62: Agency protection duties

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

This standard is supported by the institutional file folder information including the following documentation:

1. DOC 8.60 Prison Rape Elimination Act

2. Memo JTVCC Involuntary Segregation
3. JTVCC Incident Work List Report
4. Guidelines and Strategic Plan: Delaware DOC Sexual Assault Response Team (SART)
5. PREA investigation

DDOC PREA policy states “The Department will take immediate action to protect offenders it learns are in substantial risk of imminent sexual abuse.”

An Action Issue and Goal for the SART Team is to address emergent medical and/or crisis intervention (this in the Guidelines and Strategic Plan: Delaware DOC Sexual Abuse Response Team).

Notable is the fact that scripted interviews ask the question of the agency head/designee, Warden, PREA Coordinators and Managers, and random staff “If an inmate is at risk of imminent sexual abuse, what actions do you take to protect the inmate?” Staff answered this question professionally and with the obvious intent to protect the individual.

The auditor notes the emphasis on agency protection duties and the policies, procedures that direct immediate steps to protect the individual/victim.

Based on the policies, procedures, guidelines, and based on the interviews of staff and inmates this standard is assessed as compliant, “meets standard”.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following information in the JTVCC file folder for standard 115.63 Reporting to Other Confinement Facilities was reviewed by the auditor and included:

1. DOC 8.60 Prison Rape Elimination Act
2. JTVCC 8.60 Prison Rape Elimination Act
3. JTVCC Incident Work List Report
4. Log - Abuse Reports received from other facilities
5. Report from another facility
6. Memo - notifications from other facilities.

DDOC policy 8.60 PREA states “Upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred, within 72 hours. The reporting facility will document this notification was made.” The local policy JTVCC 8.60 PREA reinforces the agency policy.

The Pre-Audit Questionnaire (PAQ) indicates that in the past 12 months there were two (2) allegations of sexual abuse the facility received from other institutions. The auditor followed-up and reviewed these logs and reports. The allegations were investigated and a memo to the file indicates “unfounded status”.

Interviews with the Agency PREA Coordinator, the Institutional Acting Warden, and the Institutional PREA Manager indicated that communications were good between state facilities and, as indicated in one of the reports from an out-of-state facility, the policy is appropriately followed.

Based on interviews with key staff and based on the direction of the agency’s and facility’s policies and procedures as well as the auditors review of the electronic files and the paper file folders, this standard is assessed as compliant, “meets standard”.

Standard 115.64: Staff first responder duties

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The first security officer to respond to an allegation of sexual abuse is “a first responder” and will be required to separate the alleged victim and abuser. The following file folder information/documentation was developed by the Delaware DOC and JTVCC to assist the auditor with the assessment of this standard 115.64:

1. BOP 8.60 Prison Rape Elimination Act
2. DOC 8.60 Prison Rape Elimination Act
3. JTVCC 8.60 Prison Rape Elimination Act
4. DOC Sexual Abuse Response Plan
5. PREA Investigation with initial report by non-security staff member

The Bureau of Prisons, Department of Correction, and JTVCC policies Prison Rape Elimination Act (PREA) all support and complement each other. The verbiage in each policy is very similar or almost exact as indicated in the following: “Upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to:

- a) Separate the alleged victim and abuser
- b) Preserve and protect the crime scene
- c) Request that the victim not take any actions that could destroy physical evidence
- d) Ensure the abuser does not take any actions that could destroy physical evidence.”

The auditor reviewed these policies and procedures.

It is again noted that the Department of Correction requires staff to report, immediately, any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in a facility. Each facility is also required to follow the Sexual Abuse Response Plan (SARP). The SARP for JTVCC is in brochure form and outlines –

- Response to sexual abuse incident
- State Law
- Retaliation
- PREA standards
- Investigations
- Education
- Screening
- Detection and prevention
- Confidentiality.

The Plan emphasizes the tolerance and the Department’s responsibility for the prevention, detection and reporting of a prison rape and sexual activity. The brochure further enumerates the Standards for Adult Prisons and Jails.

The policy notes that if the responder is a non-security staff member, the responder will be required to request the alleged abuser and victim not take action that could destroy physical evidence and notify the security staff. Policy further stipulates that documentation will be made and maintained in the Delaware Automated Correction System (DACs).

Based on the auditor’s review of policies and procedures, review of the SARP, reviews of the investigations, and based on the interviews with staff and inmates, the auditor assesses this standard as compliant, “meets standard”.

Standard 115.65: Coordinated response

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

JTVCC has established a local policy and a file folder of documentation supporting compliance with the Standard 115.65 Coordinated Response. The file folder contains the following:

1. JTVCC 8.60 Prison Rape Elimination Act (local policy)
2. DOC 8.60 Prison Rape Elimination Act
3. Guidelines and Strategic Plan: Delaware DOC Sexual Assault Response TEAM (SART)
4. DOC Sexual Abuse Response Plan
5. JTVCC Incident Work List
6. PREA Investigation

The JTVCC local policy indicates that it will follow the written plan (Sexual Abuse Response Plan) to coordinate actions taken in response to an incident of sexual abuse. The plan includes the DOC Sexual Abuse Response Plan policy and a local attachment/checklist for the JTVCC Sexual Abuse Response Team. The attachment/checklist includes basic information such as the investigation number, the date, team members, review by the PREA Manager, and measurable objectives. The measurable objectives go through 15 questions including such things as separation, crime scene protection, medical notification, crisis intervention, mental health care, follow-up facility care, classification review, transfer, and other significant issues. The attachment/checklist supplementals the agency brochure to help ensure a coordinated response.

The auditor reviewed the guidelines and strategic plan, the DOC Sexual Abuse Response Plan, the JTVCC Incident Work List, and the PREA Incident Investigation forms.

Based on the facility's local policy and the agency policy, both requiring a coordinated response, based on the auditor's review of the JTVCC Incident Work List, and based on interviews with key staff and SART members, this standard is assessed as compliant, "meets standard".

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

The file folder helping document compliance with Standard 115.66 Preservation of Ability to Protect Inmates from Contact with Abusers contains the following list of documentation:

1. DOC 9.12 Employee Disciplinary Action
2. DOC 9.22 Removal of Employees from the Workplace
3. DOC Employee Code of Conduct
4. Agreement - DOC/Merit Employee Compensation Unit 10 Bargaining Coalition
5. Agreement - DOC/Merit Employee Compensation Unit 11 Bargaining Coalition
6. Agreement - FOP Probation and Parole Lodge #10

The above DOC Personnel Policies, supported by state law, help outline the ability to protect inmates from contact with abusers (staff). Disciplinary action helps ensure that employees are held accountable for meeting their duties and responsibilities, and the policy on Removal of Employees, consistent with Bargaining Agreements help ensure the agency's ability to protect inmates.

Based on the above policies, Employee Code of Conduct, agreement/contracts, state law (referencing sexual relations in a detention facility) and based on interviews with key supervisory staff, this standard is assessed as compliant, "meets standard".

Standard 115.67: Agency protection against retaliation

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
 Yes No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following information and documentation, in the hard copy file folder for this standard, were developed to assist the auditor in assessing compliance. The folders list of documentation includes:

1. DOC 8.60 Prison Rape Elimination Act
2. JTVCC 8.60 Prison Rape Elimination Act
3. Guidelines and Strategic Plan: Delaware DOC Sexual Assault Response TEAM (SART)
4. Protection Against Retaliation Report Form and Investigation
5. Memo JTVCC - Administrative Transfer

The DOC policy 8.60 PREA directs that; “If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.” The policy and information provided to the auditor goes on to further outline options for multiple protection measures for staff and inmates who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with an investigation.

RETALIATION: The Department WILL NOT tolerate retaliation against offenders and staff who report sexual abuse, or cooperate with sexual abuse investigations, by other offenders or staff. Discipline up to termination may result if staff members are found to have participated in acts of retaliation. The Department shall designate which staff members or departments are charged with monitoring retaliation.” This taken from the DDOC Sexual Abuse Response Plan. This plan is used as a guideline (supplemented by agency policy and local policy, Retaliation Report Forms, and investigations) by the Institutional PREA Manager and the Institutional PREA Assistant Manager who are responsible (and very conscientious in the performance of their responsibilities) for monitoring retaliation and coordinating PREA compliance.

Based on the policy and procedure, based on the Sexual Abuse Response Plan, and based on interviews with monitoring staff, random staff and inmates, this standard is assessed as compliant, “meets standard”.

Standard 115.68: Post-allegation protective custody

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following information was documented in the Standard, Post-Allegation Protective Custody 115.68 file folder, to assist the auditor in assessing compliance for this standard.

1. DOC 8.60 Prison Rape Elimination Act
2. Incident Work List Report
3. Memo - Involuntary Segregated Housing

The DDOC policy 8.60 PREA directs:

“j. Offenders at a high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers.

k. Offenders placed in segregation to protect them from victimization shall have access to programs, privileges, education, and work opportunities to the extent possible.

l. Offenders assigned to involuntary segregated housing shall only assigned to this housing until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed 30 days.

m. The Department shall clearly document when an offender is placed in involuntary segregated housing, the basis of the concern for housing placement, and the reason no alternative means can be arranged.

n. The Department shall review an involuntary segregation every 30 days to determine if there is a need for separation from the general population.”

The auditor reviewed this policy and observed the operations of this close/maximum security institution with the Institutional PREA Manager and key staff. Inmates are individually treated including such things as reassignments and housing moves, transfers, voluntary segregation assignments, etc., all of which can be addressed through classification and risk assessment.

The auditor again reviewed the facility PREA Incident Work List report, and a memo from the Institutional PREA Manager indicating that there have been no involuntary segregated housing assignments made in the last 12 months. Additionally, the Pre-Audit Questionnaire indicates that there have been zero (0) number of inmates who have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months.

Based on the above information and the information contained in the PAQ, and based on interviews with specialized staff, supervisory staff, and the PREA Manager, this standard is assessed as compliant “meets standard”.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

A hard/paper copy file folder was established by JTVCC to assist the auditor in assessing compliance for this standard 115.71 Criminal and Administrative Agency Investigations. The following documentation was included:

1. DOC 8.60 Prison Rape Elimination Act
2. JTVCC 8.60 Prison Rape Elimination Act
3. DOC 8.37 Internal Affairs
4. DOC 8.35 Investigative Responsibilities of and Assistance from the State Police
5. JTVCC PREA Investigation with DSP (Delaware State Police), Report Indicating Evidence Collection and other Documentation
6. Memo - substantiated cases
7. JTVCC PREA Training transcripts
8. Memo - PREA Training lesson plans

The following bullets were taken out of DDOC policy 8.60 PREA directing compliance with standard 115.71:

- DDOC will follow an evidence protocol that maximizes obtaining evidence in criminal and administrative investigations.
- DDOC will ensure that all staff responsible for investigations receive specialized training related to PREA.
- Investigations of sexual abuse and/or sexual harassment shall be conducted promptly and thoroughly and completed until a determination of substantiated, unsubstantiated or unfounded can be made.
- All investigations will be documented in the standard reporting format utilizing the Delaware Automated Correction System (DACCS).
- Reports will include physical and testimonial evidence gathered.
- The Delaware State Police will be referred/involved in criminal investigations.
- The victim will be notified as to substantiated, unsubstantiated, or unfounded.
- The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis.
- If the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors.
- The departure of the alleged abuser or victim from employment or control of the facility will not provide a basis for terminating an investigation.
- An alleged victim shall not be required to submit to a polygraph.
- Where sexual abuse is substantiated during an administrative investigation, the Department will report this information to the Delaware State Police.
- The agency shall maintain sexual abuse data for at least 10 years after the date of the initial collection.
- The agency shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency +5 years.

This was reviewed by the auditor and assisted in confirming compliance for this standard. It was noted by the auditor that there was specific information in the Pre-Audit Questionnaire supplying additional information for auditor review (i.e. the agency has a policy related to criminal and administrative

investigations; substantiated allegations of conduct that appear criminal are referred for prosecution; the number of substantiated allegations of conduct that appeared to be criminal that were referred for prosecution were zero (0); and the agency maintains written reports).

DOC internal affairs policy 8.37 indicates that the Delaware State Police will be requested to investigate any of the following:

- a. Any death investigation other than an expected death
- b. Any assault resulting in serious physical injuries that are life-threatening
- c. Escape
- d. Complaints/occurrences pursuant to the procedures set forth in DOC policy 8.60 Prison Rape Elimination Act.

Investigation Reporting with DSP was reviewed by the PREA auditor. Training transcripts and PREA training lesson plans were also reviewed by the auditor.

Based on the review of policy and procedures, based on the review of investigations and grievances, and based on interviews with staff, this standard is assessed as compliant, "meets standard".

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

A file folder for this standard 115.72 was established containing the agency's PREA policy 8.60 indicating that the agency does not impose a standard higher than a preponderance of the evidence in determining whether or not an allegation of sexual abuse or sexual harassment is substantiated. The following policy is listed:

1. DOC 8.60 Prison Rape Elimination Act

DOC policy 8.60 PREA states "The Department standard for determining whether an allegation of sexual abuse is substantiated shall be no higher than a preponderance of the evidence." This was reviewed by the PREA auditor and key staff.

Based on the above policy and interviews with key staff this standard is assessed as compliant, “meets standard”.

Standard 115.73: Reporting to inmates

115.73 (a)

- Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate’s unit? Yes No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate’s allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been indicted on a charge related to sexual abuse within the facility?

Yes No

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

A paper/hard copy file folder was established by JTVCC containing the following policy and procedures and information assisting the auditor in assessing compliance of the standard:

1. DOC 8.60 Prison Rape Elimination Act
- 2 JTVCC 8.60 Prison Rape Elimination Act
- 3 JTVCC Incident Work List
4. PREA investigations with status of PREA case form
5. Memo - investigations by outside agencies and investigators
6. Memo - sexual abuse or harassment by staff
7. Memo - conviction or indictments due to sexual abuse or harassment

Delaware DOC policy 8.60 PREA and JTVCC policy 8.60 PREA direct that any inmate who makes an allegation will be verbally informed or informed in writing (JTVCC informs the inmate in writing for documentation purposes) of the outcome of the investigation. The PAQ indicated that there were 90 investigations completed in the past 12 months and this number of inmates was informed/notified verbally or in writing of the results (excepting open cases and/or unfounded cases if designated by policy). The auditor reviewed the JTVCC Incident Work List that is a tool to assist the Institutional PREA Manager in making the required notifications (see above).

The auditor reviewed the form letter that is sent to an inmate upon completion of the investigation of an allegation. The form letter indicates that the allegation has been unfounded, unsubstantiated, or substantiated. The letter also indicates that the inmate may contact mental health for services related to dealing with victimization and finally the letter indicates that no further action will be taken or there will

be other action that may be ongoing. Additionally, a form letter that serves to update the status of an ongoing PREA case was reviewed. This form letter gives information about the alleged perpetrator and the information of whether or not the case is ongoing.

Based on the policy and procedures, the PAQ, the form letters reviewed, the incident list, the review of actual copies of letters sent and investigations closed; and based on interviews with staff and inmates, the auditor assesses this standard as compliant, "meets standard".

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Discipline and disciplinary sanctions for staff was reviewed in the preaudit phase, discussed at the facility, and reviewed in the file folder, noting the following documentation:

1. DOC 8.60 Prison Rape Elimination Act
2. JTVCC 8.60 Prison Rape Elimination Act
3. DOC 9.12 Employee Disciplinary Action
4. DOC C-01, Bureau of Correctional Healthcare Services: Credentials
5. JTVCC Incident Work List
6. Memo - Substantiated cases by staff
7. Memo - Staff terminations
8. Memo - Staff disciplinary actions
9. Memo - Reports to law enforcement or licensing boards
10. Memo - Reports to law enforcement or licensing board for those with professional licensure

The DDOC policy 8.60, PREA states the following:

- a. Staff shall be subject to disciplinary sanctions for substantiated cases of sexual abuse or sexual harassment.
- b. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.
- c. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
- d. Where sexual abuse is substantiated during an administrative investigation, the Department shall report this information to the Delaware State Police for possible prosecution."

The JTVCC PREA policy further emphasizes staff discipline. The Human Resource Discipline policy, DDOC 9.12 emphasizes that staff are responsible for their actions and outlines procedural action. The DDOC Correctional Healthcare Services policy outlines that inappropriate conduct will be reported to the Division of Professional Regulation.

The JTVCC Incident Work List details the incidents of sexual abuse and sexual harassment. The List includes the assignment of incident numbers, the assignment of investigative numbers, dates, and supplemental information and status of allegations of sexual abuse and sexual harassment incidents at JTVCC.

The auditor reviewed the five memos to the file folder (listed above) and the memos stipulated:

- No substantiated cases of sexual abuse or sexual harassment in the last 12 months.
- No staff terminations in the last 12 months for sexual abuse or sexual harassment.
- No disciplinary action against staff in the last 12 months for sexual abuse or sexual harassment.
- No reports to law enforcement or licensing boards in the last 12 months for sexual abuse or sexual harassment
- No reports to professional healthcare licensing boards for sexual abuse/harassment.

It is further indicated in the PAQ that there were zero (0) number of staff from the facility who have violated agency sexual abuse or sexual harassment policies in the past 12 months; and zero (0) number of staff from the facility who have been disciplined short of termination, or terminated in the past 12 months, for violation of agency sexual abuse or sexual harassment policy.

Based on the policy and procedures of the Delaware DOC, based on the supplemental information in the above memos, and based on interviews with staff (both formal and informal), this standard is assessed as compliant, "meets standard".

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policies, procedures, guidelines, and other information were enclosed in the following file folder to assist the auditor in making an assessment for this standard. Documentation included the following:

1. DOC 8.60 Prison Rape Elimination Act
2. JTVCC 8.60 Prison Rape Elimination Act
3. Memo - Allegations regarding contractors and/or volunteers
4. Memo - Reports to law enforcement or licensing board for those with Professional Licensure
5. Memo - Reports to law enforcement or licensing board's for contractors and/or volunteers

DDOC policy 8.60 PREA states, "When a case of sexual assault is substantiated against a vendor or volunteer, the Department shall bar that individual from further contact with offenders and shall refer the case to the Delaware State Police for possible prosecution." The auditor reviewed this policy and spoke with and interviewed several volunteers who were aware of their responsibilities concerning PREA. The JTVCC also has its own policy 8.60, PREA that further supports the appropriate disciplines and sanctions for vendors, contractors, or volunteers who violate PREA policies.

The auditor also reviewed a guide for contractors, vendors and volunteers to assist with the prevention and reporting of sexual abuse and prevention of misconduct with offenders. The guide covered issues including staff sexual misconduct; abuse of power; history of victimization; red flags; some other things to consider; how to maintain appropriate boundaries; and a duty to report.

The institutional file folder (noted above) contained three memos from the Institutional PREA Manager, documenting the following:

- No allegations of sexual abuse or sexual harassment
- No reports to professional licensing boards
- No reports to law enforcement or licensing boards

This is also documented in the PAQ which indicated that there were zero (0) number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates in the past 12 months.

Based on the auditor's review of policies, procedures, and interviews with key staff and interviews with volunteers, this standard is assessed as compliant, "meets standard".

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following information was supplied by the facility and the Delaware Department of Corrections to establish compliance with this standard and was used and reviewed by the auditor in making an assessment for compliance. A file folder was established and included the following:

1. DOC 8.60 Prison Rape Elimination Act
2. JTVCC 8.60 Prison Rape Elimination Act
3. DOC 4.2 Rules of Conduct for Offenders
4. Disciplinary Hearing related to PREA investigation
5. Group schedule for Transitions and Residential Treatment Center.

The Delaware DOC policy 8.60 PREA stipulates the following: "Offenders shall be subject to disciplinary sanctions following an administrative finding that the offender engaged in offender-on-offender sexual abuse, or following a criminal finding of guilt for offender-on-offender sexual abuse." Additionally, the policy indicates that a report made in good faith shall not constitute falsely reporting an incident or lying. It also states that the sanctions shall be commensurate with the nature of the acts

committed, disciplinary history will be considered, and other variables will be taken into consideration to ensure fairness (Mental disabilities or mental illness). The policy of the DDOC also prohibits all sexual activity between offenders. The agency may discipline offenders for such activity.

Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding. The Pre-Audit Questionnaire (PAQ) reveals that in the past 12 months there have been zero (0) number of administrative findings of inmate-on-inmate sexual abuse that has occurred at the facility. There has also been zero (0) number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility.

The auditor reviewed the JTVCC Transitions Group participation/attendance schedule and the Residential Treatment Center group schedule. Both groups were established in order to assist inmates with disciplinary problems, anger management problems, and general behavioral issues at this large maximum-security facility. The auditor wishes to note in this standard 115.78 Inmate Discipline, that it is not all about discipline but also about transition and personal development.

Based on the policies and procedures of DDOC and based on the interviews with staff and inmates and especially based on interviews with the Agency PREA Coordinator and the Institutional PREA Manager, this standard is assessed as compliant, "meets standard"

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

JTVCC established a file folder for this standard on Medical and Mental Health Screenings; History of Sexual Abuse; and included the following documentation for the auditor's review:

1. DOC 8.60 Prison Rape Elimination Act
2. DOC Bureau of Correctional Healthcare Services policy B-05 Procedure in the Event of a Sexual Abuse
3. DOC Bureau of Correctional Healthcare Services Policy A-07 Privacy of Care
4. DOC Bureau of Correctional Healthcare Services Policy A-08 Health Record
5. DOC Bureau of Correctional Healthcare Services Policy E-02 Intake Screening
6. Intake Screening Report
7. Release of Information Authorization
8. Staff Referral Form to Mental Health and i-Chart Progress/Medical Notes

All inmates at JTVCC who disclosed any prior sexual victimization during a screening pursuant standard 115.41 were offered a follow-up meeting with a medical or mental health practitioner. DDOC policy PREA 8.60, indicates that medical and mental health care will include screenings to assess whether inmates have experienced prior victimization in an institutional setting or in the community and will be offered a follow-up meeting within 14 days. These or intake screenings are 30 day security screenings that are made by policy. The facility and the agency are committed through its partner, Connections Healthcare, to offering appropriate healthcare to the inmates assigned to JTVCC. It is also

the practice that healthcare staff are required to report any sexual abuse that occurred in a correctional facility and to inform inmates of the practitioner's duty to report, and limitations of confidentiality.

Medical and mental health practitioners are required to obtain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting.

The PAQ indicates that in the past 12 months 100% of the inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health care practitioner.

The Bureau of Correctional Healthcare Services policies noted above and supplied to the auditor in the institutional file folder supported compliance of this standard. As outlined, their purpose is the goal of identifying individuals that need "mental health and substance use assessment" and importantly to ensure healthcare screening at the time of intake. The policies also indicate the need to standardize health information recording, ensure confidentiality of the record-keeping, and ensure the availability of the healthcare records to those with a legitimate need to know.

Based on the policies and procedures and information above, and based on interviews with specialized staff including medical and mental health care staff, this standard is assessed as compliant, "meets standard".

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

JTVCC established an institutional file folder supplied with policies and procedures and information concerning access to emergency medical and mental health services. The following documentation was reviewed by the auditor to assist in assessing compliance with PREA:

1. DOC Bureau of Correctional Healthcare Services policy B-05 Procedure in the Event of Sexual Abuse
2. DOC 8.60 Prison Rape Elimination Act
3. JTVCC 8.60 Prison Rape Elimination Act
4. Memo for Medical and Mental Health Scheduling
5. Mental Health Staffing Locations
6. Mental Health On-Call Calendars
7. Provider On-Call Calendar
8. Mental Health Monthly Master Schedule
9. Daily Medical Assignments
10. JTVCC PREA Investigation
11. Incident Work List Report
12. DOC Bureau of Correctional Healthcare Services Policy A-07 Privacy of Care
13. DOC Bureau of Correctional Healthcare Services Policy A-08 Health Record
14. DOC Bureau of Correctional Healthcare Services Policy E-02 Intake Screening

DDOC policy 8.60 PREA states “Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment and consistent with BCHS policy B-05.” The purpose of BCHS policy B-05 is “To establish a procedure for victims of sexual abuse to receive unimpeded medical and mental health services.” The policy goes on to talk about medical and mental health care services, training, and the procedures to accomplish the purpose of the policy. The JTVCC local policy 8.60 PREA further emphasizes access to emergency medical and mental health services.

The auditor also reviewed the Medical and Mental Health Scheduling; Mental Health Staffing Locations; Provider On-Call Calendar; the Mental Health Monthly Master Schedule and the Daily Medical Assignments.

Treatment services are provided to victims without financial cost. This is also directed by policy.

Based on the file folder information, including the policies and procedures referenced above, and based on interviews with staff and inmates, including specialized staff in the Medical and Mental Health Departments, this standard is assessed as compliant, “meets standard”.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Ongoing medical and mental health care for sexual abuse victims and abusers is outlined by the following documentation that was presented in an institutional file folder to the auditor. The documentation included the following:

1. DOC Bureau of Correctional Healthcare Services B-05 Procedure in the Event of a Sexual Abuse
2. DOC 8.60 Prison Rape Elimination Act
3. JTVCC 8.60 Prison Rape Elimination Act
4. JTVCC Incident Work List Report
5. JTVCC PREA Allegation Investigation

As with the other medical standards including 115.21, 115.81, 115.82, this standard 115.83, and with the intake and screening standards of 115.41 and 115.42; medical, mental health care, crisis intervention and intake services are carefully covered by policy and procedure. As stated before, the purpose of many of these policies is to ensure medical and mental health care, appropriate intake, and individual treatment of the offender.

It was the observation of the auditor that during the on-site visit medical and mental health care staff were attending to their duties and responsibilities. Interviews with staff and inmates were positive and although the request for additional staffing always preceded the discussions concerning healthcare, the interviews themselves support PREA compliance. Medical/mental health staff were asked the specialized scripted questions and it was clear that ongoing medical and mental health care is appropriately offered and that inmates have access to emergency medical and mental health care (information is available, testing for sexually transmitted infections as medically appropriate is offered and treatment services are offered without cost).

Medical and mental health treatment is documented and maintained (paper and electronically). The JTVCC Incident Work List and the PREA Allegation Investigation forms were again reviewed by the PREA auditor.

Based on the documentation provided, and the auditors review of policies and procedures; and based on interviews with staff and inmates this standard is assessed as compliant, "meets standard".

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The following information, including policies, reports, and incident reviews was shared with the auditor to assist in making an assessment for this standard, 115.86. List of documentation includes:

1. JTVCC 8.60, Prison Rape Elimination Act
2. DOC 8.60, Prison Rape Elimination Act
3. JTVCC Incident Work List Report.
4. JTVCC PREA Investigation with critical incident review and conclusion letter.

The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless it is unfounded. This documented by the PAQ, the agency PREA policy, and the JTVCC PREA policy The PREA policy 8.60 of the JTVCC, directs that the PREA Compliance Manager shall ensure a Critical Incident Review (CIR) is completed for every sexual abuse investigation. Further, the review team shall include the facility Warden or deputy Warden, the PREA Manager, a facility or internal affairs investigator, medical or mental health administrators as needed, and other staff deemed appropriate by the facility. The Bureau Chief of Prisons for DDOC will have final review of the CIR report. The auditor reviewed the sexual assault/Critical Incident Review form, and the information relevant to the review. Issues are outlined, including a need to change policy or practice; was the allegation motivated by race, gender identification, status, gang affiliation, etc.; the area of the facility where it occurred; staffing levels; monitoring technology; other important information; and recommendations for improvements (or documentation for not doing so). The report is completed by the PREA Manager, listing other participants, and receives the Warden's approval then is further reviewed by the DDOC PREA Coordinator, and the Bureau Chief of Prisons.

Based on the above, and the auditors review of the sexual assault/Critical Incident Review, and based on the interviews of key staff, this standard is assessed as compliant, "meets standard".

Standard 115.87: Data collection

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The JTVCC PREA Manager, in conjunction with the Agency PREA Coordinator have worked together to establish and comply with the standards, referencing PREA data collection. A file folder was

established for the facility using the following documentation and reports. The auditor reviewed the following:

1. DOC 8.60, Prison Rape Elimination Act
2. Delaware DOC Annual PREA report CY2017

DDOC policy 8.60 indicates “The Department shall collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. This will be automatically generated in the Delaware Automated Correctional System (DACS) upon completion of PREA Incident Reports. From DACS, the Department shall be able to obtain aggregated data as needed, and shall provide this information, yearly to the United States Department of Justice.”

This information was in the Annual PREA Report and in the agency’s Annual Survey of Sexual Victimization (SSV).

The Annual Report, SSV and the DDOC website were reviewed by the PREA auditor.

Based on the above information, review of the agency’s website, and interviews with staff, this standard is assessed as compliant, “meets standard”.

Standard 115.88: Data review for corrective action

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Delaware DOC and the JTVCC presented the auditor, in the preaudit phase, with the following information and documentation:

1. DOC 8.60, Prison Rape Elimination Act
2. Delaware DOC Annual PREA Report CY2017
3. DOC Website Listing Annual PREA Reports

The auditor reviewed the agency policy, which directs that the DDOC to collect the aggregated data:

- In order to assess and improve the effectiveness of its sexual abuse response plans.
- Prepare an annual report of its findings.
- Take corrective actions for each facility.
- Assess the department as a whole.
- Make a comparison of current year's data and correction of actions with previous/prior years.
- The report is to be approved by the Commissioner of Correction and
- be made available on the agency's website.

The DDOC Annual PREA Report addresses the following:

- Outcomes of all calendar year investigations by facility.
- Outcome of investigations by month.
- Comparison of investigations by outcome.
- Comparison of allegations of inmate on inmate sexual harassment.
- Comparison of allegations of staff sexual harassment.
- Comparison of allegations of staff sexual misconduct
- Comparison of Delaware data and national data 2012-2015.
- Total substantiated investigations.
- Total investigations.

The statistics and data indicated an initial spike in PREA incidents, but the reports now indicate “the number of substantiated cases of sexual abuse or sexual harassment in the Delaware Department of Correction facilities has dropped yearly since 2014.” Date of this report is January 1, 2019, the Annual Report also emphasizes the fact that third-party reports may be made to the facility administration or to, the Delaware Department of Correction, PREA Coordinator, Dover, Delaware.

The agency website also details PREA Reports for 2012-2017; prison and jail audits; and community confinement center audits.

Based on the Annual PREA Report, and based on the information of data collected for the agency and for the JTVCC and shared with the public, this standard is assessed as compliant, “meet standard”.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Delaware DOC and JTVCC presented the following list of documentation to the auditor for review:

1. Delaware DOC policy 8.60, Prison Rape Elimination Act
2. Delaware DOC Annual PREA Report CY 2017
3. DOC Website Listing Annual PREA Reports
4. JTVCC Incident Work List Report (10 year history)
5. DOC Internet - Policies Section

The auditor reviewed the above policies and information. The Delaware DOC, in its PREA policy 8.60, directs that the agency will collect uniform data and such data will be automatically generated in the Delaware Automated Correctional System (DACS). The policy further states, "An annual report of its findings and corrective actions for each facility, and the department as a whole will be prepared... No personal identifiers will be publicly available. Specific material that would present a clear threat to the safety and security of a facility will be redacted. The agency shall maintain sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of the initial collection, unless federal, state, or local all requires otherwise."

The agency website <https://www.doc.gov>. PREA Department of Correction shares this information with the general public.

Based on the policy and procedures of the Delaware DOC and JTVCC, and based on interviews with the Agency PREA Coordinator and key staff, and based on review of the website, this standard is assessed as compliant, "meets standard".

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency,

were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The auditor reviewed and checked yes on each of the subsections a, b, h, i, m, n. The auditor also reviewed, with the facility and Agency PREA Coordinator, the above standard. Additionally, the auditor reviewed the agency website, the completed PREA reports, the agency Annual Report, all areas of the facility, was able to receive correspondence from inmates at the facility, and privately interviewed staff and inmates..

Based on the auditor's review, this standard is assessed as compliant, "meets standard".

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The auditor reviewed the Delaware DOC agency website and the previous JTVCC PREA audit report. This information is available to the public and is on the website.

Based on the auditor's review and interviews with key staff, the standard is assessed as compliant. "meets standard".

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

JAMES CURINGTON

08/30/2019

Auditor Signature

Date